

WELLS (G. W.)

RESUMÉ OF THE
TRANSACTIONS

OF THE

International Medical Congress

—AT—

BRUSSELS, 1875.

—BY—

GEO. W. WELLS, M. D.,
Etc., Etc., Etc.

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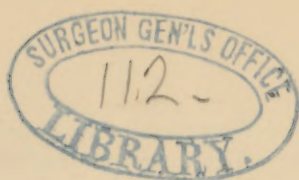


With Compliments of

Dr. E. A. Harwood

154 W. 49th St., New York.

The American delegation desire to acknowledge special courtesies from Drs. Edward Seguin of New York, Henry Collignon of Brussels and Alex. Ogston Surgeon to the Aberdeen Royal Infirmary, Scotland.



THE INTERNATIONAL MEDICAL CONGRESS.*

Mr. Editor :—From a reliable source I am able to send you a few notes in relation to the proceedings of this Body. I have not yet seen any extended notice of the action of the association in any of the journals in this country, except here and there a few lines,

The International Medical Congress, or to quote its official title "*Le Congrès périodique International des Sciences Médicales*," held its fourth session in the city of Brussels, Belgium, on the 19th, 21st, 22nd, 23rd, 24th, and 25th, days of September last. Its sessions were therefore continued five days, during which many great and important questions of public interest were discussed. Although preceding sessions were important, yet foreign journals characterize this as the most important in the history of the organization and one that will leave a brilliant and durable trace in the history of science.

The association opened on Sunday the 19th of Sept. This appears to be the custom of many foreign countries; Sunday is a great *fête* day and all undertakings of any dignity or importance are inaugurated on that day. It was under the presidency of M. Vlemingcx, and with the sanction of the government of Belgium. The president of the Congress is also president of the Belgium Royal Academy of Medicine. The members of the Committee of Management were M. M. Deroubaix, Bellefroid, Crocq, and Warlomont, the latter being secretary-general, Drs. Duwez and Verriest, being secretaries to the meetings. Dr. Delacosse of Rue de l'Hôpital had the duty of giving information to strangers.

The Congress, in the conduct of its business, differed very materially from the usual method adopted by the British Medical Association and associations generally in England and in this country. The usual method is for individuals to present papers and read them, after which discussions follow, each paper being discussed immediately after being read. At this meeting the dis

*The translations were made by M. Julius C. Cretin, of New York.

cussions arose on different series of questions decided by a committee, on each of which a "Rapporteur" had set forth his conclusions as to the actual state of knowledge on the subject. A programme was sent out setting forth the conclusions of the "Rapporteurs" in the several sections, so that intending speakers were enabled to controvert the same. This circular was printed in the French language and the same language was by universal consent adopted as the medium of inter-communication.

The questions treated during the session of the Convention or, as our transatlantic friends put it, "*Congrès Périodique*," among others were: Prophylaxis of cholera; alcohol in therapeutics; the inoculability of tubercle; surgical anæsthesia; the dressing of wounds after operations; maternities; the vaso-motor nerves and their modes of action; the value of experiments founded on artificial (schematic) circulatory apparatus; the sanitation of work-shops in which phosphorus is used; the organization of the service of public hygiene; the manufacture of beer; defects of vision, from a military point of view; the means of registering hearing power and registering it in a uniform manner in all countries; defects of hearing, from a military point of view; the moral and legal position, and the disposal of criminal and dangerous lunatics; should the medical use of chemically defined immediate principles be extended and the new preparations of them multiplied in pharmacopœias; the establishment of a universal pharmacopœia; a plan for unification of instruments, scales, tables, and records of clinical observation, etc, etc.

Allow me to present you a brief *résumé* of the proceedings.

First day, Sept. 19. The Congress opened at one o'clock precisely. His Majesty was received at the entrance of the Palace by the members of the Bureau, and was escorted to the seat reserved for him. He was accompanied by Lieutenant Gen. Soudain de Neiderwerth, *aide-de-camp*, and Captains Brewer and Baron V. d' Anethan, officers of ordinance. M. Vlemingkx occupied the chair. Authority was granted by the king to open the session, and the President addressed the assembly. He thanked the king for granting encouragement to science by his presence, and in the name of the Congress besought him to accept this expression of profound gratitude. The address was one of congratulation, and exhortation to diligently apply their

energies to the amelioration and alleviation of the condition of the people. He closed by reference to the indebtedness of the Congress to M. the Minister of the Interior for facilitating its organization; and in the name of his colleagues as well as his own, he would proclaim him First Hon. President.

M. Delcour, the Minister of the Interior arose and thanked the gentlemen for the high distinction thus conferred upon him, and hoped that the session might be a success.

The Congress was then permanently organized by proclaiming on the suggestion of M. Testelin of France, the Provisional Bureau a Permanent Bureau.

Various Honorary Presidents were then proposed.

For Germany, M. Von. Langenbeck.

" Great Britain, M. M. Bowman and Critchett.

" Austro-Hungary, Profs. Von Sigmund and Von Hebra.

" France, M. M. Bouillaud, Larrey, Verneuil and Jaccoud.

" Italy, M. M. Profs. Semmola and Palasciano.

" Luxemburg M. Dr. Aschman.

" Roumania, M. D. Marcowitz.

" Turkey, M. Genl. Doctor Ahmed.

" Holland, M. Prof. Donders.

Others were to be proposed in future.

The Secretary, General M. Warlomont, then delivered a long address, reviewing the past sessions of this Congress, the origin and growth of internationalism in medical matters etc., etc., and the society closed its first session.

Session of Sept. 21st (2nd sitting.) After the ordinary routine, the President read several notices and offered as new Hon. Presidents, M. M. Manayra of Naples, Pasquali of Rome, Nicolaïeu of Constadt, Van Cappelle and Eggeling of the Hague, Schnitzle, of Vienna, Gross of Buda Pesth, Gustave Bergmann of Stockholm.

M. Feigneaux of the Committee of Maternities reported substantially the following conclusions:

(1.) Urgency of a radical reform in the system of assistance to women in confinement. (2.) Complete abandonment of large maternities. (3.) Instead of large maternities with school of obstetrics attached, replace them by small houses for the purpose, with separate rooms. (4.) Create a house of exchange, situated in the vicinity of the maternities, with complete furniture, and completely separated from the medical direction. (5.) Extending, as

far as possible, assistance of every description at the domicile to pregnant women and to those delivered by nature.

M. Janssen read the conclusions of the Fifth section.

Report of M. Crocq, "On the Sanitary Measures in Workshops where Phosphorus is Manipulated." The following conclusions were adopted: The section of public medicine expresses the wish, (1.) That the use of red amorphous phosphorous be substituted for that of ordinary phosphorus in all match-factories. (2.) Until the universal adoption of this radical measure, it recommends, in the actual conditions of manufacturing, the following measures which are designed to prevent general toxic accidents and more especially maxillary necrosis; installations of the manufacturing in sufficiently spacious rooms; powerful ventilation promoted by the aid of tubes, beginning at the ground and terminating in a drawing chimney; constant attention to cleanliness; together with these physical means, use as a chemical antidote, the Spirits of Turpentine. (3.) Local accidents may be averted by astringent gargarisms, and above all, by the obligation imposed upon manufacturers to admit none into their workshops, who, by oral examination, present dental lesions, such as penetrating decay, or any other affection of a nature to favor the deleterious action of phosphoric vapors. (4.) Children not to be employed in workshops where phosphorous is used. (5.) When the authorities allow the establishment of manufacturing where that substance is used, they must impose these conditions and see that they are observed, for the interests of workmen as well as of manufacturers who are criminally responsible for accidents resulting from their carelessness or neglect.

M. Ledeganck read the conclusions of the seventh section: "On the Means of Measuring the Acuteness of Hearing and of Registering its Degree in a Uniform Manner in Every Country;" by Dr. Delstanche, *père*.—

Every complete examination of the degree of hearing among patients necessitates the use of the three following means: (1.) the tone; (2.) the pitch; (3.) the voice.

M. de Smeth read the conclusions of the labors of the Eighth section, "On the Moral and Legal Status and *Placement* of the Criminal and Dangerously Alienated."—

(1.) The section declared that in countries where the number

of the condemned alienated is sufficient to create a complete hospital service, it is expedient to completely separate that class of patients. (2.) By adopting the conclusion of M. Semal, the section expressed the wish that, in all other cases, those patients remain mingled promiscuously with the other alienated, and submit to the regime of surveillance and isolation necessitated by their mental state and the security of their surroundings.

Conclusions of the ninth section :

The section, in accordance with the wishes expressed on the utility of a universal official pharmacopœia, proposes to the Congress to wait for the communication of the project revised in St. Petersburg before they discuss the question.

Sept. 22d. The session opened at 2 p.m. The President proposed as Honorary Presidents, Drs. E. C. Harwood, of New York, and J. A. Adrian, of Logansport, Ind., delegates from the American Medical Association, and also M. Madjen, Vice-President of the Pharmaceutical Society of Copenhagen.

M. M. Mahaux and Carpenter read the conclusion of the first section on the report of M. Lefebvre, on "Prophylaxy of Cholera."

(1.) The prophylaxy of Asiatic cholera must be based upon an etiological understanding of the disease, as far as possible. (2.) Cholera is a specific disease—that is to say, it is produced by a morbid principle always the same, and cannot be produced by any other. (3.) The cholera-genic principle in its essence is unknown to us, as is also the generating principle of variola, scarlatina, small-pox, etc.; but we are in possession of very important knowledge as regards its prophylaxy, its origin, attributes, and the laws of its propagation and evolution. (4.) Origin. The cholera-genic miasma develops itself spontaneously in certain parts of India, especially the delta of the Ganges, and the low countries around Madras and Bombay. Starting from these original foci, it has been transported at different times to Europe, Africa, and America, resulting in those great epidemics still fresh in the memories of all. However, limited outbreaks of cholera have been witnessed in Europe after the disappearance of the great epidemics above mentioned. Are these explosions due to spontaneous production, in European soil, of the cholera-genic miasma, or are they to be attributed to the tardy development of the miasma left, so to speak, in store by the preceding Asiatic epidemic? [The reporter adopted the last view]

However that may be, it is none the less true that the Indian cholera can acclimatize itself in Europe by either spontaneous production on the one hand through its generative principles, or by the indefinite preservation and regeneration of the miasma primarily brought from India. (5.) Attributes of the cholera-genic miasma. (a.) This miasma regenerates itself in the subjects attacked by cholera, and is transported from them to others on the bodies of healthy individuals; it provokes among them the development of the disease; in other words, cholera is essentially contagious. (b.) The cholera-genic miasma conducts itself in the same manner as do soluble or volatile bodies; for it is dissolved in water, and is spread in the atmosphere where it maintains itself in a state of homogeneous diffusion—that is to say, without accumulating in any decisive point. (c.) The morbid power of the cholera-genic miasma is less energetic, less fatal in its action than that of other miasmata and other viruses. (d.) It is not very permanent; it appears to be destroyed very promptly, especially when the air is strongly ozonized. However, in certain conditions of confinement, out of the air, it can preserve itself a long time. (e.) This miasma is destroyed by a high temperature (100° C, and above), and by a considerable number of chemical agencies. This question still claims some study in order to arrive at practical precision and clearness. (f.) Individuals exposed to the action of the cholera-genic miasma, acquire, in a rather short time, a sort of habit which places them out of the influence of the disease. (6.) Laws of propagation of Asiatic cholera. (a.) The contagious principle of cholera resides principally, if not exclusively, in the dejections of the patient (matters vomited, and above all, intestinal evacuations). (b.) It can be communicated from a patient to a healthy individual by different channels among which may be noticed, after the dejections themselves (a.) the patient; (b.) the cadaver; (c.) the linen and clothes worn by him; (d.) the apartments, vessels and vehicles in which choleraics have been; (e.) the water closets; (f.) the water which may have been contaminated by choleraic dejections; (g.) the air, but at a short distance, say a few hundred metres; (h.) the animals, the goods which may have been full of cholera-genic miasma, etc., etc., (7.) Choleric impregnation and evolution. (a.) Cholera-genic miasma penetrates the economy

through the pulmonary mucous membrane and the digestive organs. (b.) The time of its incubation is from several hours to a few days at its maximum. (c.) The moral and unhygienic conditions of a depressive nature favor the evolution of choleraic poisoning. (8.) The prophylaxy of cholera is deduced from these etiological conditions. The first indication is to destroy, by sanitary measures, the original foci of cholera in India, and its secondary foci in Europe. The second indication is to prevent the transportation of the morbid principle, to healthy countries by all really efficacious means which are compatible with the exigencies of modern civilization. The third prophylactic rule is to neutralize the miasma by disinfectant measures which remain to be determined. Finally, we must endeavor to diminish the ravages of cholera by hygienic measures well understood.

M. Masoin read the conclusions of the fourth section "on the Vasomotor Nerves and their Mode of Action."

M. Bouchut read a memoir "On the Cerebroscope and the Results which have followed the Application of the Ophthalmoscope to the Diagnosis of Brain Disease." He circulated among the assembly several pathological specimens as evidences of his observations.

M. Leudet presented the results of his studies on the nature and state of the alcoholized in different classes of society. M. Palasciano read a memoir "On the Hygiene of the Tomb," and expressed a wish for the return of the custom of cremation.

THE AMERICAN DELEGATION.

Address of Dr. J. A. Adrian, of Logansport, Ind., delegate from the American Medical Association.

Mr. President:—For three years the American Medical Association has sent its delegates to the British Medical Association, and other kindred European societies, with the special object of asking their concurrence and coöperation in maturing a plan of uniformity of instruments, scales, tables, and records of clinical observation.

The American Medical Association hailed, with fraternal feelings, the call for this International Medical Congress, and with hopes (your first programme containing a motion to create a uniform method of measuring the defects of audition, this begin part of the programme) of unity of all the means of ob-

servation advocated by the American Medical Association; we cannot help feeling that if you find that part of the plan right you will have stronger reason to support the whole.

The medical profession would find many advantages accruing from the adoption of this uniformity; common measures would insure the communication of thoughts between us better than a common language.

Mothers and nurses could be made useful recording assistants by giving us the true signs and symptoms previously to and between our visits, and they would soon comprehend the true nature of disease and cure, instead of falling into the supernatural notions which are now forced upon them.

For these and other reasons, the American Medical Association urges upon the International Medical Congress the necessity of organizing an International Commission, having, for its object, to devise a plan for uniform means, instruments, scales, and clinical observation, and to report on the same at the next meeting of the International Medical Congress.

Dr. Adrian was followed by the address of Dr. E. C. Harwood of New York, delegate from the American Medical Association.

ADDRESS OF E. C. HARWOOD, M. D.

Mr. President: The remarks of my friend and colleague, Dr. Adrian, cover nearly all that is to be said in behalf of a uniformity of measures. I wish, however, to urge, in behalf of my constituents, the absolute necessity and great advantage to be derived from a uniform system of weights and measures.

This want has long been felt by the profession in America; and in a country so rapid in its progress, the wonder is that a more advanced system has not been adopted. This may be accounted for, in part, on the ground that America naturally follows in the footsteps of the mother country; but the time has now come when parent and offspring must no longer remain in opposition to the metric system. We might just as well set ourselves in opposition to gravitation, except that we can, as two great nations, delay and retard a matter of human progress while we could not retard gravitation.

When I say that I am heartily in favor of the metric system, I think that I represent the sentiment of my countrymen in the medical profession. We desire to see it introduced into our

country as rapidly as it can be done wisely. Our colleges and high schools all teach it, and should be earnest advocates for its more permanent introduction into our public schools, since all such reforms must be forwarded by incoming generations, leaving the old system to die out gradually with the generations as they pass away.

There is no longer any doubt with us in regard to the metric system. For there are, at present, many of our best manufacturing chemists, among whom I might instance E. R. Squibb, M. D., of Brooklyn, N. Y., who have for many years used the system for all nice work.

Nearly all of our best men regard the metrical system as well assured and secured upon the safe ground, first, of the growing necessity for something better than the old system, and second, that it is very much better, and probably quite good enough for the next two thousand years; and that it has been as a system, so well constructed, and so well matured, that in less than eighty years, or two generations, it has had inherent force enough quietly to obtain the approval of a large majority of civilized nations, and is favored, if not adopted, by the best educated classes of all nations.

Sitting Sept. 23d.—Dr. Vlemingx in the chair. Dr. Petersen, Vice President of the Danish Medical Federation, was named Honorary President.

Report of 2d section read by M. Bouqué—reporter, Dr. Williams, of Mons. "On Surgical Anæsthesia." This subject, not being susceptible of solution, the section proposed to reserve its decision. M. Bouillard claimed for Oré's method the benefit of the welcome reception due to every new idea, supported, however, on conscientious observation and experience.

Among the subjects of interest presented this day was that treated of in the 5th section, "On the Organization of the Service of Public Hygiene." Reporter, M. Belval.

The public service of Hygiene requires a double organization: 1st, a national organization; 2d, an international organization.

I. A national organization would comprise:

(1.) The establishment by law in each country of councils of hygiene or salubrity. (a.) A superior council under the Governmental authority. (b.) A provincial commission in each of the departments, provinces, prefectures, circles or dis-

tricts. (c.) A local committee in each commune where that organization would be possible.

(2.) For communes too small for the institution of a committee, sanitary circumscriptions would be established, comprising several communes or sections of united communes.

(3.) The surveillance (and if necessary the execution) of hygienic measures recognized as of public utility would require: (a.) A general secretary to the superior council. (b.) A secretary to the provincial commission, over each province. (c.) A secretary to the local committee, in each commune or group of communes.

These could be supplemented in their labors by members of the council or of the commissioners.

(4.) Reports would be published at least annually, by each branch of the service.

(5.) These services could have intercourse with one another, independently of their relation with the leading office.

(6.) The more independence and authority these sanitary services have in their sphere of action, the greater would be the popular hygienic advantages.

(7.) The budget of each of these services would constitute a part of the respective administrations to which they are attached, in the same manner as the service of instruction and that of public benevolence.

II. The international organization would comprise:

(1.) The frequent and regular exchange of communications between the superior councils of hygiene of the different countries. These communications would bear principally: (A.) (a.) On the means employed to ameliorate the sanitary conditions of localities and populations; (b.) on the hygienic measures taken for the purpose of decreasing the effect of epidemic disease; (c.) on the precautions taken to prevent the importation of epidemic or contagious diseases; (d.) on the appearance of the foci; (e.) on the measures adopted to combat epizootics; (B.) on the results obtained in each case; (C.) on the statistical data compiled or to be compiled for the purpose of elucidating the problems of public hygiene.

(2.) The periodical meeting of sanitary international conferences.

Mr. Chapman read a memoir on "Prostitution in England.

and the Effects of the Measures decreed for the Extirpation of Venereal Diseases in the British Army." His conclusions look toward the rejection of the regulation of prostitution.

M. Sigmund recognized the happy effects of the regulating measures recently taken at Vienna, which have resulted in a decrease in the number, gravity, and duration of venereal diseases.

Mr. Vlemingcx was astonished to find that the usefulness of those means should be doubted, and gave an *exposé* of the "regulation visits" and the mode of admission of women in civil hospitals, and venereal subjects in military hospitals.

M. Pini, of Milan, deplored that that anti-regulation propaganda of English doctors, is not restricted to England, but extends to the Continent. He believed the public laws, especially as they exist in Italy, unjust and inefficient.

M. Verité pointed out cases of non-sexual contagion, and insisted that by the aid of authorized publications the public should be warned against this mode of infection.

M. Vlemingcx believed that liberty of prostitution in England would contribute a great danger to the Continent. Hygiene must be international; and he invoked the common action of all nations. He cannot conceive how a nation which has decreed vaccination obligatory, does not take measures against syphilitic infection.

M. Chapman, supported by his statistical labors, was of the opinion that regulations against prostitution develop and promote clandestine prostitution, and as such militate against their purpose.

M. Sigmund referred to the regulations in use in the admission of venereal subjects in the hospitals of Vienna.

M. Drysdale did not believe in the efficacy of the measures taken by the Brussels administration, and gave some data in support of his views—the exactness of which was questioned by the President.

Sitting of the 24th session. M. Vlemingcx presiding. Minutes read, etc.

M. Carpenter read the conclusions of the 1st section on "Alcohol in Therapeutics," by Dr. Desguin, of Antwerp. The section is of the opinion that the indications for the use of alcohol either in acute or chronic diseases, is infinitely less than the too enthusiastic partisans of that therapeutic measure have pretended. And furthermore, under certain circumstances, where the therapeutic value of alcohol is recognized, the indications can be better fulfilled by other agents. In these cases he does not hesitate to recommend those agents and to proscribe alco-

hol, fearing that the recommendation by the physician would be construed, by the vulgar, as a license for its use, beside detracting considerably from scientific authority for the use of alcohol. The only circumstance which establishes the necessity of administering alcohol, and when that agent cannot be replaced by any other, is the certainty of anterior alcoholic habits. In these cases alcohol becomes indispensable.

The conclusions of the 5th section were read by M. Janssens; reporter, M. Depaire, Prof. at the University of Brussels. Subject, "The Manufacture of Beer."

(1.) The grading of beer can only be applied to fermented beverages prepared by the aid of cereals and hops.

(2.) No foreign substances can be introduced in beer for the purpose of replacing the articles named wholly or in part.

(3.) Substitutions of this kind must be considered as falsification constituting a fraud as to the nature of the article sold, even when not injurious to the health.

(4.) However, all substances proper to give to beer either a sweet taste, a greater limpidity, a longer preservation, or a suitable color, may be used if they exert no injurious action on the health.

M. Gaetano Pini explained the school for rachitic children, which he has established at Milan, and the results obtained by his method of treatment.

Sitting of September 25. The President in the chair. Minutes of the last meeting adopted, etc.

M. Thiernesse remarked that an establishment similar to that described by M. Pini in the last session, had existed and been in operation sometime in Ixelles.

M. Delstanche read the conclusions of the 7th section. Reporter, Dr. Ch. Delstanche. Subject, "On the Defects of the Auditory Organ, as regards the Military Service."

After several other reports had been read the Congress adjourned to meet in Switzerland in 1877.

I would add, in conclusion, that a telegram was received from Dr. Wm. B. Atkinson, of Philadelphia, inviting this organization to convene in that city in honor of the centennial of 1876. The telegram was enthusiastically received; but before its reception arrangements had been completed for holding the next meeting. The American delegation was informed, however, that representatives would be sent to participate in the ceremonies on that occasion.

In this connection, we would notice the fact that arrangements have been made to hold an International Medical Congress at Philadelphia in 1876; but whether it has any direct connection with the Congress just held does not appear. If this be true, there will be in existence two such organizations. We would suggest the combination of the apparently rival and opposing bodies.

GEO. W. WELLS, M. D.

